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USK URBAN DISTRICT COUNCIL

MEDICAL OFFICERS OF HEALTH S REPORT I952

To;- The Chairman and Members of the Usk Urban District Council

Mr Chairman.Madam,Gentlemen,

I beg herewith to present the Annual Report of the Medical Officer of Health for the year I952.

Being the centre of an agricultural district the activites of the Usk Urban District are mainly concerned with agriculture and allied trades.Those inhabitants who do not gain their livelihood in agriculture,are either employed (a) in neighbouring large towns or (b) at the Royal Ordnance Factories approximinately 2 miles away or (c) the Nylon Factory Pontypool,6 miles away)

During the year the health of the populatio of Usk has been well maintained.The birth rate shows a satisfactory increase in I952 as compared with I95I and now compares favourably with the prevailing rate in the County of Monmouthshire.For the second year in succession there have been no deaths of mothers through childbirth, neither were ther any still births in the town.Although the Infant Mortality Rate is higher than that for the County and Country generallly it gives no cause for alarm since the calculation is based on ono infant death only

However the other health statistics are not so inuniformly satisfactory. There has been an appreciable increase in the general crude death rate which is considerably above the prevailing rate for the County,this is probably due to the fact that there is a higher proportion of the older age groups in Usk.

There have been 6 deaths attributable to Cancer of all types as compared with4 deaths in the previous year, Cancer of the lung however, which is a subject of current controversy,still does not rank as one of the principle causes of death within the Urban District .

The majority of deaths are due to Circulatory diseases as are the majority throughout the Country, Coranary Thrombosis taking the highest toll. One should observe that the average age at death has increased during recent years, in other words the people arehealthier and are living longer.

With the exception of Measles the incidence of infectious diseases has been comparatively low and the gradual decline throughout this centuary has been maintained .

Thus while the problem of care for the young is diminishing, for the aged both medically and socially is increasing. None wish to die young and fortune is fickle, therefore it is in ~~their~~ our own interest to see that adequate provision is made for the elderly. Although the problems of housing and the evils of overcrowding are being gradually overcome within the Urban District I beg to draw the attention of the Housing Authority to the need for providing more bungalows and flats exclusively for Old people. At the same time care should be taken that they are not segregated.

MATERNITY AND CHILD WELFARE

The Infant Welfare Clinic at Usk is held on the Thursday of each week. Mothers and children under 5 years of age may attend this centre. There is a Doctor and Health Visitor in attendance at the Clinic.

The Ante-Natal Clinic is held at fortnightly intervals and I wish to stress here the importance of early and regular attendance of Expectant Mothers at the Ante-Natal Clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the Mothers . Unfortunately, too often many Expectant Mothers delay attending until late in pregnancy. It is now the practice of the Ante-Natal Clinic to make a routine blood examination of all patients for ~~testing~~ detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of Ante-Natal work is also of great importance and includes advice about general health, rest, diet, sleep , and comfort.

In I952 a monthly average of 93 babies attended the Infant Welfare Clinic. Welfare Food is obtainable at the Clinic with the exception of National Dried Milk,Cod Liver Oil,and Orange Juice,which are available at the Food Office. Although the infant Mortality Rate is low,Infant Morbidity still calls for renewed efforts on the part of all concerned with the care of infants,

The Infant Welfare Clinic has an important role in the care of the Infant and young child.Babies are weighed weekly,are seen regularly by the Doctor.Health Education is stressed and informal talks are given to mothers in the principles of hygiene and healthy living.

Towards the end of I95I,the routine skin testing of children under five years,with tuberculin was introduced at the Infant Welfare Clinic. The Mantooux and Jelly Tests are employed.Any positive reactors are referred to the Chest Physician,and all efforts are then concentrated in determining the source of infection .This aspect of Infant Welfare Work forms a part of the antituberculosis scheme in operation through out the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at the Clinic. The main object of Immunisation Scheme is to secure that each generation of Infants receives protection at an early age.It is now recommended that an Infant should be immunised against diptheria at about the age of 8 months.The fall in the incidence od diphtheria in recent years is beyond reasonable doubt a remarkable preventive triumph mainly attributable to Immunisation.Vaccination against Small Pox is advised when the child has attained the age of three months.Since compulsory vaccination has been abolished, Usk Urban District,like the rest of the Country,has followed the trend of a decrease in the numbers vaccinated; from the public healthpoint of view this is regrettable.Small Pox continues to occur sporadically in various parts of the country and we are never free from the possibility of an outbreak of this disease.Healthy living conditions good sanitation,and general public health services are no substitute for vaccination in connection with the prevention and control of Small Pox.

Since the National Health Service Act 1946,came into operation, vaccination against Small Pox and Immunisation against Diptheria have been carried out free of charge both at the surgeries of the General Practitioners and at the Maternity and Child Welfare Centre, Great encouragement is given to Mothers to have their children vaccinated,and immunised.

It is regrettable to note that both vaccination and immunisation figures have decreased in 1952 and one hopes that the 1953 figures will show an upward trend.

Domiciliary Midwifery Service.

Under the re-allocation of the District Midwifery Service,one District Midwife is appointed to cover the Urban District.

DISTRICT NURSING SERVICE.

There is one District Nurse serving the Urban District and the surrounding parts of the Rural District.

Health Visiting.

One Health Visitor is employed for routine domiciliary visits, tuberculosis visiting,school inspections (Cleanliness of body and Clothes) and for attending the Maternity and Child Welfare Clinic.

Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able relative to give the necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of chronic sick, who otherwise would have had to be admitted to hospital,thereby helping to relieve the pressure upon hospital accommodation.

The service is under the direction of the Area Committee Clerk (Mr D.A.Lewis). Applicants for the service are assessed to repay the cost of the service in relation to their income; persons considered to be necessitous receive the service free of charge. The hours allocated to each case are recommended after personal investigation by the District Nurse,Midwife or Health Visitor, and are submitted to me for approval . Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for

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investigation,except maternity cases.

There are approximately 44 Domestic Helps in the area.All are engaged on a Temporary part-time basis. The number of cases in the area was 100, the average monthly number of hours worked was 2910

HEALTH EDUCATION

To day it is second nature for the appropriately trained staff of a Health Department, whether they be Health Visitors,Home Nurses,Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living.

In order to further disseminate knowlsdge of Health Education a Health Conference was held at the County Hall, Newport in February 1952,this being the 4th annual conference in the County of Monmouthshire.The speakers included ;- A.J.Dalzell Ward,M.R.C.S., L.R.C.P; D.P.H; Deputy Medical Director,Central Council for Health Education.

John Burton.M.R.C.S; L.R.CP.;D.P.H. Medical Director,Medical Director Central Council for Health Education.

Mrs. I.M.Stirling M.A. Educational Psychologist, (The National Association for Mental Health).Lectures were both varied and interisting,and ranged from infancy to adolescence,Adolescence to Maturity.Maturity to Old Age: and Mental Health in relation to the family.

AMBULANCE SERVICE.

The County Council is responsible for the Ambulance Service.The District is served by an ambulance based at Usk and ambulances based at the Pontypool depot and the Central Control at Caerleon.

This system seems to work reasonably well.Central Control by the County Council aims at making the most economic use of ambulances and mutual assistance between Local Health Authorities avoids as far as possible ambulances running empty.

HEALTH EDUCATION

The close of the 19th century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last 50 years, these have been improved and the personal health services developed. At first,the importance of Health Education was

not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone,there must be full co-operation from an enlightened public.

MENTAL HEALTH SERVICE.

A County Psychiatrist was appointed in I948 for the purpose of a mental health service.This service,in the No IO Area,now operates from Leven House,Abergavenny, and the service is co-ordinated with the Regional Hospital Board and Hospital Management Committees. No adult guidance clinics are held in the area but individual cases, patients suffering from early nervous strain,and who are finding difficulty in adjusting themselves in their homes or at their work, are seen by Dr,J.Newcombe ,the County Psychiatrist .Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist .

WELFARE SERVICES

The Welfare Officer of No IO Area caters for the needs of Usk Urban District as regards Welfare Services,which come within the provisions of the National Assistance Act(I948-5I) . Cases are interviewed at their homes or at the Welfare Office Leven House,Abergavenny.

VITAL STATISTICS

Area in Acres	655
Population(Estimated)	I655
Inhabited Houses (According to rate book)	523
Rateable Value	£935I
Id .Rate	£ 34

I95I	Totals.	M.	F.	I95I.	Usk U.D.	County
Live Births				Rate per I,000 Estimated Resident Population	I7.I3	I7.I7
Legitimate	27	I6	II			
Illegitimate	I	I				
Totals	28	I7	II			
Still-Births				Rate per I,000 total (Live & Still) Births	Nil	
Legitimate	0	0	0			
Illegitimate	0	0	0			

Deaths	Totals	M	F	I95I	Usk.U.D.	County
All Causes	27	I4	I3			
Death Rate per I?000 Estimated Resident Population					I65I	II.52

Deaths from Cancer- Allages

TOTALS	M	F
6	I	5

Deaths due to Preganancy, Child-Birth and Abortion.....Nil
Maternal Mortality Rate...0 (County I.48)
Infant Mortality I aged 5 months (Cause of death prematurity).

	Usk.U.D.	County
Infant Mortality Rate.....	35.7	33.87

INFECTIOUS DISEASES

Notifiable Infectious Diseases (other then Tuberculosis)
Classified according to age groups.

Disease	0-4	5-9	I0-I4	I5-24	Over 25	Total
Diphtheria	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-
C.S.Meningitis	-	-	-	-	-	-
Measles	27	27	I	I	-	56
Whooping Cough	I	-	-	-	-	I
Enteric Fever	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-
Acute Primary Pneumonia	-	-	-	-	I	I
Food Poisoning	-	-	-	-	-	-
						58

TUBERCULOSIS

Notified Pulmonary - M 3 F 0 Non pulmonary M.I F 0

Deaths .. M 0 F 0 .. M.0 F 0

Infectious Diseases

There was no abnormal incidence of infectious disease within the Usk Urban District during the year I952.

Diphtheria

One of the most satisfying facts in the control of infectious diseases has been the nation wide decline in the incidence of and mortality from diphtheria. There were no cases of diphtheria within the Urban District in I952. Nevertheless Diphtheria " still kills"

and the percentage of children immunised is unsatisfactory Parents are continually urged to see that their children are adequately protected and they should availthemselves of the facilities provided.

SCARLET FEVER

No cases of Scarlet Fever were notified during the year,but it is possible that notification was incomplete due to the mild type of infection seen nowadays

MEASLES AND WHOOPING COUGH

During 1952 ,55 cases of measles were notified all of whom made a good recovery ,Whooping Cough ,still a dreaded disease of infancy,did not near its head to any marked degree.Advances in therapeutic agents with improved nursing care in recent years have helped to lower the fatality from these diseases less overcrowding in the homes through reduction in family size and improved housing may also have contrib.. uted to the decline in mortality.

TUBERCULOSIS

The Mass Radiography Unit visited the Area in June 1953,and the response of the general population was quite satisfactory,following this visit one would have expected an increase in the notifications from pulmonary Tuberculosis,but this was not the case.

Incidence of Tuberculosis as measured by notification figures ~~rate~~ for 1952 was nil.However this gives no real ground for complacency and calls for renewed efforts in both prevention and early treatement of this disease. In conclusion,although tremendous improvements have been brought about in the standards ofenvironmental hygiene and personal health services in the present century ,there may still be outbreaks of infectious diseases due to failure of water supply and sewerage & to the failure of the hygiene of milk and other food control. Therefore it is still the task of the Medical Officer of Health and her fellow Local Government Officals to maintain constant vigilance ..

I have the honour to be

Your obedient Servant

S.M.R.Harvey

Medical Officer of Health